



**DECLARATION AND POWER OF ATTORNEY**  
**FOR PATENT APPLICATION**

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**BICYCLIC ALPHA V BETA 3 ANTAGONISTS**

The specification of which, with any Preliminary Amendment, (check one)

☐ is attached hereto

☒ was filed on N/A and was amended on N/A (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority Claimed

PCT/US / PCT

☐ Yes ☒ No

(Number)

(Country)

(Day/month/year filed)

I hereby claim the benefit under Title 35, United States Code, §119(e) and §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

60/228,693  
(Application Serial No.)

September 29, 2000  
(Filing date)

N/A  
(Issue Date)  
(Status)

POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys/agents: S. CHRISTOPHER BAUER, Registration No. 42,307; DENNIS A. BENNETT, Registration No. 34,547; JAMES C. FORBES,

Registration No. 39,457; J. TIMOTHY KEANE, Registration No. 27,808; VERNE A. LUCKOW, Registration No. 45,950; RICHARD A. MUELLER, Registration No. 41,094; RACHEL A. POLSTER, Registration No. 47,004; JAMES M. WARNER, Registration No. 45,199; SCOTT A. WILLIAMS, Registration No. 39,876; to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to Rachel A. Polster at 636-737-5761 and address all correspondence to:



Pharmacia Corporation  
Corporate Patent Department  
800 N. Lindbergh Blvd. Mail Zone O4E  
St. Louis, MO 63167  
ATTENTION: Rachel A. Polster

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1.)	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR 1	Khanna	Ish	Kumar
RESIDENCE & CITIZENSHIP	CITY	STATE	COUNTRY <del>India</del> <sup>U.S.</sup>
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1821 S. Falcon Dr.	CITY Libertyville	STATE OR COUNTRY USA
SIGNATURE OF INVENTOR 1	<i>Ish Khanna</i>	DATE <i>Aug 27, 01</i>	ZIP CODE 60048

2.)	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR 2	Yu	Yi	
RESIDENCE & CITIZENSHIP	CITY <i>Glenview</i>	STATE <i>IL.</i>	COUNTRY <del>R.O.C.</del> <sup>U.S.A.</sup>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <del>9065 Grosvenor Point Road</del> <del>Apt 18</del> <i>1019 Castle Dr.</i>	CITY <del>Skeikie</del> <i>Glenview</i>	STATE OR COUNTRY USA
SIGNATURE OF INVENTOR 2	<i>[Signature]</i>	DATE <i>09/04/01</i>	ZIP CODE <del>60077</del> <i>60025</i>

3.)	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR 3	Devadas	Balekudru	
RESIDENCE & CITIZENSHIP	CITY Chesterfield	STATE MO	COUNTRY USA

POST OFFICE ADDRESS	POST OFFICE ADDRESS 2175 Parasol Dr.	CITY Chesterfield	STATE OR COUNTRY USA
SIGNATURE OF INVENTOR 3	<i>Balendra Dwarak</i>	DATE 8/27/01	ZIP CODE 63017

4.)

	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR 4	Lu	Hwang-Fun	
RESIDENCE & CITIZENSHIP	CITY	STATE	COUNTRY R.O.C.
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1723 Rosslaire Ct.	CITY Ballwin	STATE OR COUNTRY USA
SIGNATURE OF INVENTOR 4	<i>Hwang-Fun Lu</i>	DATE 8-27-01	ZIP CODE 63021

5.)

	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR 5	Chandrakumar	Nizal	S
RESIDENCE & CITIZENSHIP	CITY Vernon Hills	STATE IL	COUNTRY USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 15 Montgomery Lane	CITY Vernon Hills	STATE OR COUNTRY USA
SIGNATURE OF INVENTOR 5	<i>Nizal Chandrakumar</i>	DATE 8.28.01	ZIP CODE 60061

6.)

	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR 6	Huff	Rence	M.
RESIDENCE & CITIZENSHIP	CITY Park Ridge	STATE IL	COUNTRY USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 837 N. Lincoln Ave.	CITY Park Ridge	STATE OR COUNTRY USA
SIGNATURE OF INVENTOR 6	<i>Rence Huff</i>	DATE 8-28-01	ZIP CODE 60068

7.)

	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR 7	Desai	Bipinchandra	N.
RESIDENCE & CITIZENSHIP	CITY Vernon Hills	STATE IL	COUNTRY USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 200 Annapolis Dr.	CITY Vernon Hills	STATE OR COUNTRY USA

SIGNATURE OF INVENTOR 7	<i>Srinivasan Raj</i>	DATE 08-27-01	ZIP CODE 60061
-------------------------------	-----------------------	------------------	-------------------

8.)

FULL NAME OF INVENTOR 8	LAST NAME Nagarajan	FIRST NAME Srinivasan	MIDDLE NAME Raj
RESIDENCE & CITIZENSHIP	CITY Chesterfield	STATE MO	COUNTRY USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 16209 Forest Meadows Dr.	CITY Chesterfield	STATE OR COUNTRY USA
SIGNATURE OF INVENTOR 8	<i>Srinivasan Raj</i>	DATE 08/27/01	ZIP CODE 63005